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Hard Edges 3: Mapping Severe and Multiple Disadvantage in Scotland - Selected Findings

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December 2019

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LEADERS IN IDEAS AND SOLUTIONS

Hard Edges England

- 'SMD' = shorthand term to signify the problems faced by people whose lives are affected by a combination of ***homelessness, substance dependency*** and ***offending behaviour***
- The initial phase was a ***qualitative scoping*** exercise
- The main phase developed a ***statistical profile*** of SMD via a 'triangulated' analysis of 3 'administrative' (i.e. service use) datasets (OASys, NDTMS, and Supporting People) and 2 survey datasets – published Jan 2015.
- Subsequent study examined 'gendered profile' widening the domains to include ***mental ill-health*** and ***(domestic) violence / abuse*** (publication imminent)
- Published Scottish *Hard Edges* in June 2019

Hard Edges Scotland: Aims

- To establish a clear statistical picture.
- To identify emerging trends and concerns.
- To clarify key data gaps.
- To identify similarities and differences between England and Scotland.
- *To illuminate service user perspectives on routes into SMD, their experiences of interacting with multiple service systems.*
- *To facilitate cross-sectoral 'ownership' of the study results.*

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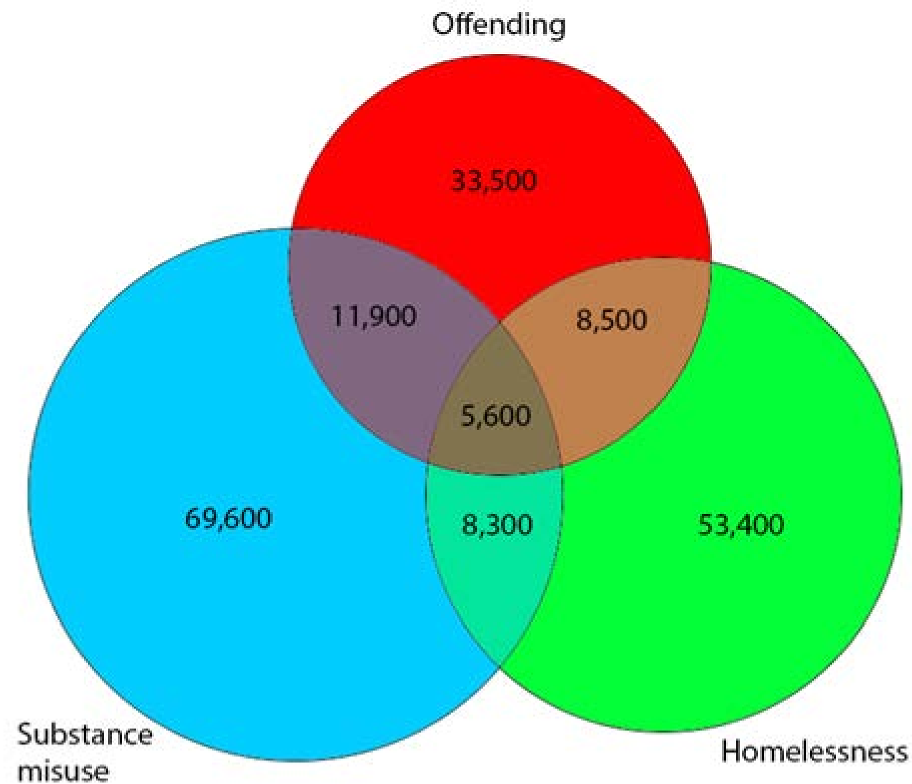
Scale & Overlaps (3D)

Figure 1: Numbers of Adults in Scotland by <u>Current</u> SMD (3D)



Sources: Weighted combination of SCJS, GUS, HL1, HHiS, SDMD, DESTIT, SPS-PS, CJS

Broadly comparable with H E England, although probably fuller coverage esp of single domains.
Note that substance is largest but Offending is most overlapped

'Current' means snapshot 'stock' + additional 'flow' over year

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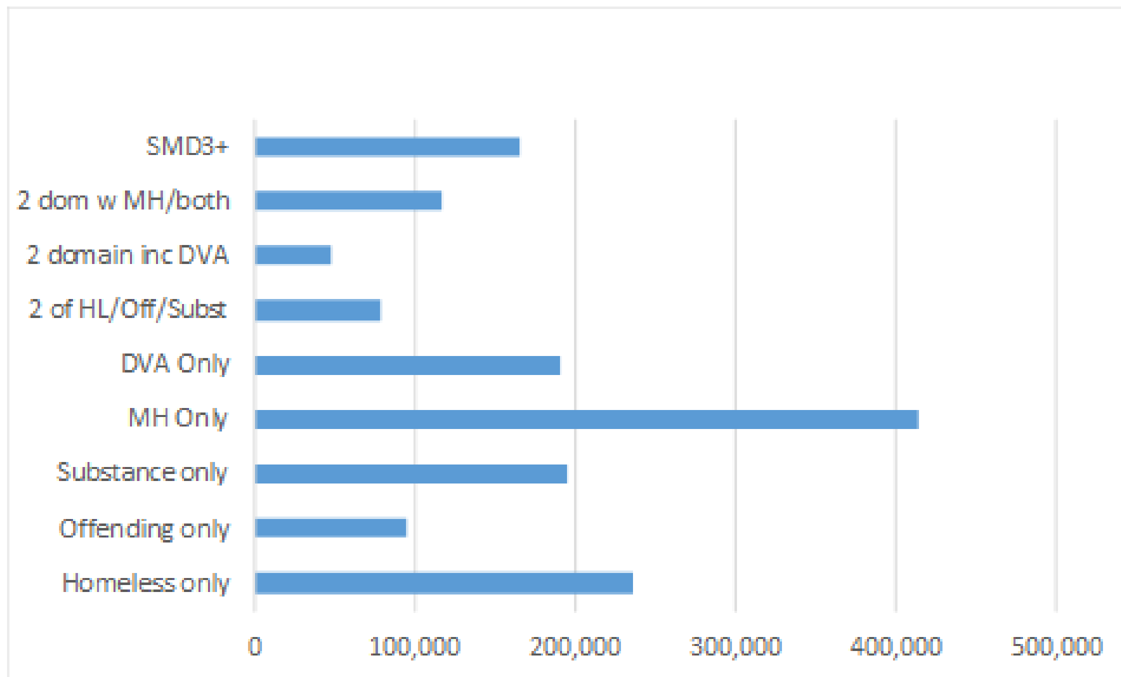
Scale & Overlaps (5D)

Figure 4a: Ever SMD (5-Dimensional) Summarised Numbers (each case shown only once)



Sources: Weighted combination of SCJS, GUS, PSE, HL1, H2H, DESTIT, SDMD, SPS-PS, CJS

Note the much bigger numbers especially of MH only and MH combinations.

Note much higher numbers with 3-plus problems

But not necessarily all a the same time/stage in life.

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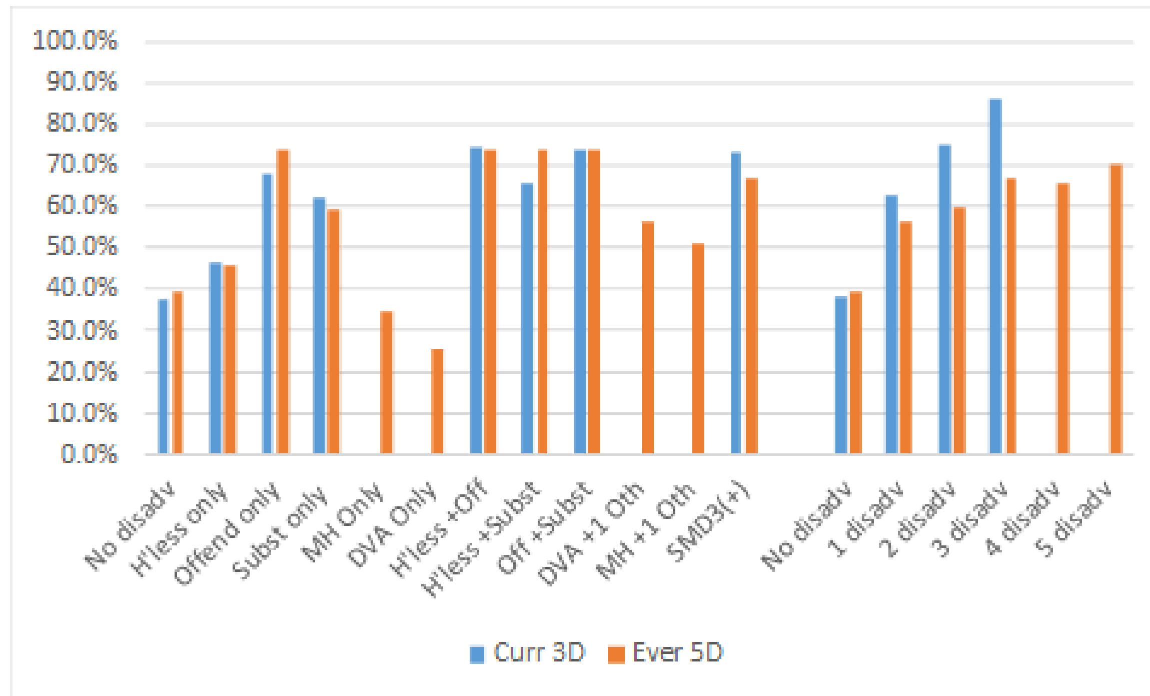
Gender & other demographics

Figure 5: Proportion of males across different SMD Categories and Counts under Current 3D and Ever 5D bases



SMD tends to be male-oriented, particularly in 3D, & more complex cases; obviously less for DVA, also MH & homeless-only.
Predominant age 20-40; mainly White UK; single wkg age hsholds.
But signif minority have children & some child contact.
Predominant tenures social rent or non-household/temp

Source: weighted combination of SCJS, GUS, PSE (Ever only), SDMD, HL1, DESTIT, PRISON

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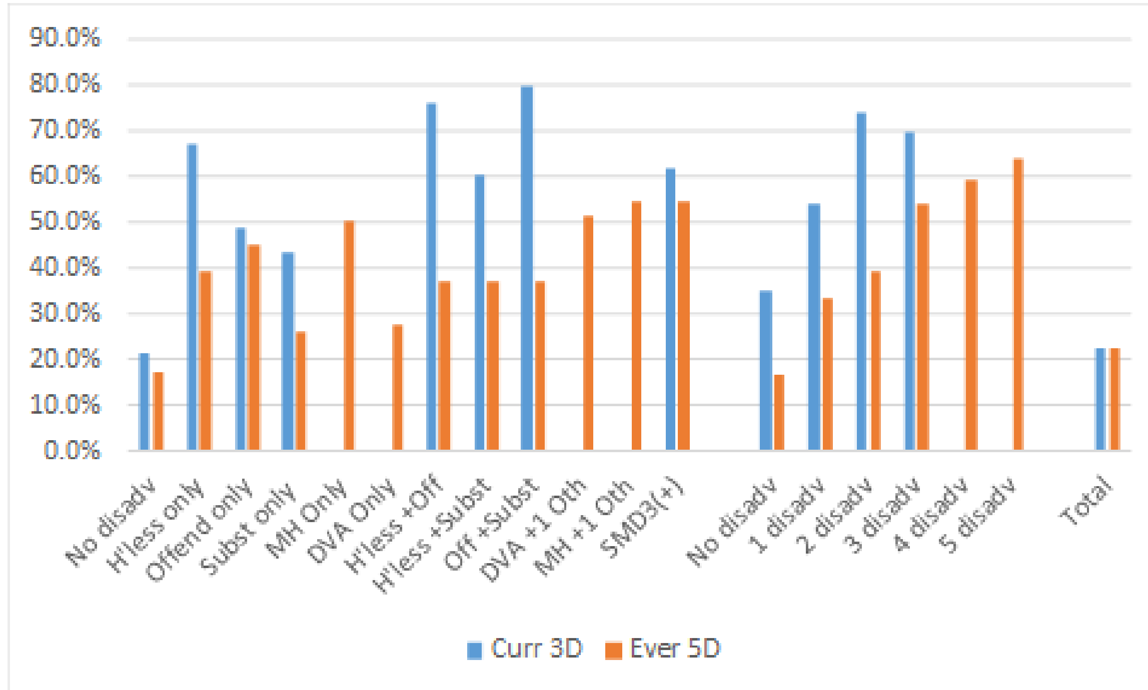
Economic situation

Figure 11: Present Low-Income Prevalence for Current SMD (3D) and Ever SMD (5D) Categories and Counts



People with SMD (esp current 3D) tend to have low income.
The more disadvantages, the poorer.
Ever substance only & DVA less poor.
Similar story on worklessness.
Similar picture of economic disadv in terms of car ownership,
material deprivations,
problem debt,
housing deprivation,
neighbourhood deprivation, and
severe poverty/destitution

Sources: weighted combination of SCJS, GUS, PSE (Ever only), DESTIT

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Local Authority rates

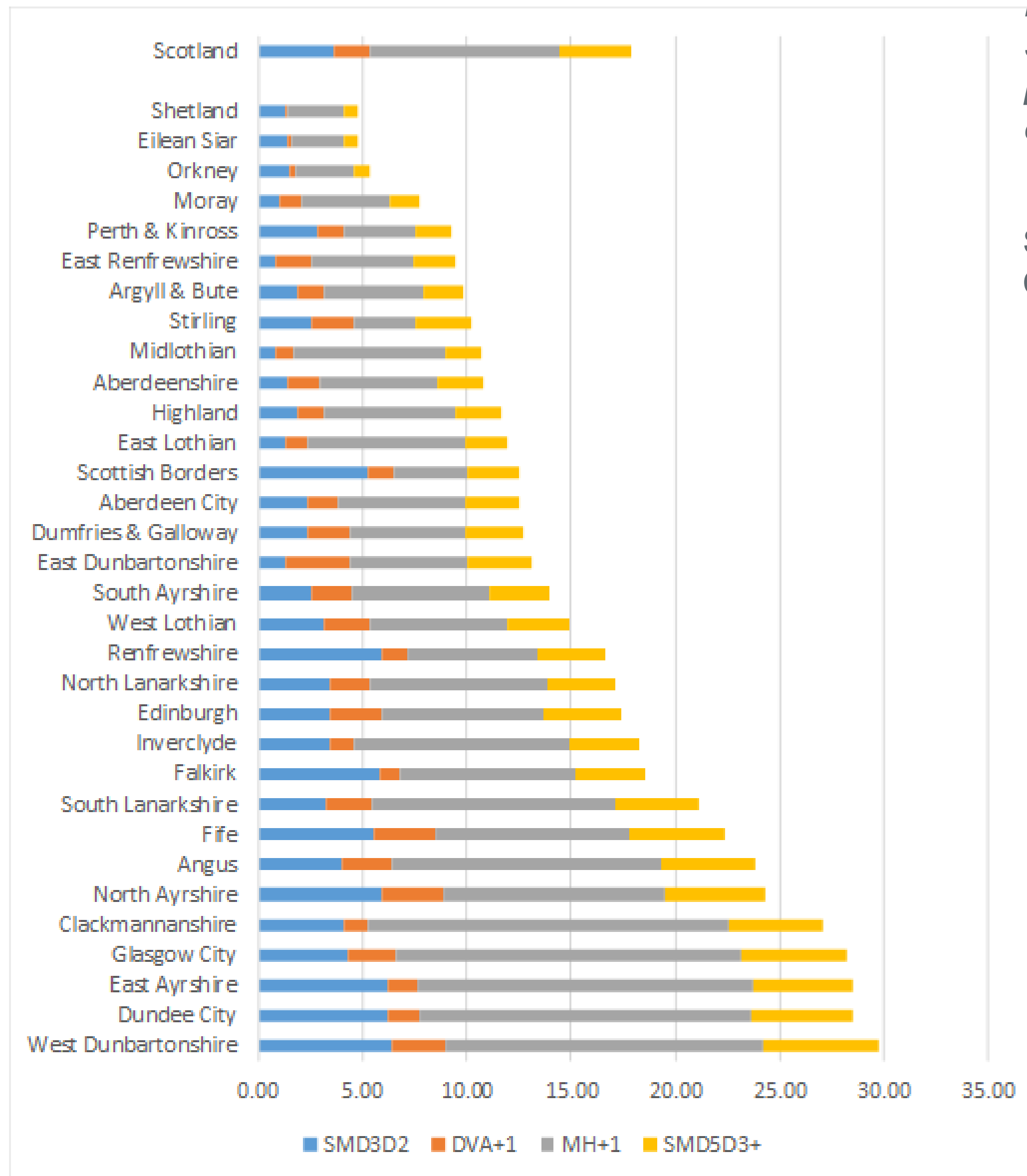

Figure 16: Rates and composition of Current SMD(5D) by Local Authority (per 1000 adult population, showing categories with 2 or more disadvantages)

Sources: Authors' analysis of SCJS, HL1, SDMD and Criminal Proceedings

Using mainly admin data we can see the extent and pattern of local variation at LA level in rates of SMD (curr 5D).
At extremes difference of 6 times.
Note 3 LA's 'worse' than Glasgow.
Low rates in islands and rural, affluent suburbs & small towns.
Glasgow dominates in absolute numbers

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The qualitative methods

- 15 national-level key informant interviews
- 6 (anonymized) case studies:
  - 25 local KIs
  - 8 focus groups with frontline workers (vignettes)
  - 42 in-depth interviews with service users (10 women and 32 men)
- Two "Lived Experience Reference Groups" (male + female)

Routes in – poverty, violence and trauma

- **A background of poverty** – most prominent in the most extreme forms of SMD
- **Adverse childhood experiences** - physical and/or sexual abuse, disrupted schooling and, in some cases, local authority care
- **Troubled young adulthood** - poor mental health, substance misuse, and difficulties in both the labour market and interpersonal relationships
- **Violence** – a pervasive role that violence continues to play throughout the life course, in childhood home, at school, in the local community, city centre streets, in hostels, in intimate relationships, or other settings in adulthood

Missed opportunities

- **Schools/education** - truanting and exclusion from secondary school, often coupled with early substance misuse, were usually the first ‘flags’ in the early teenage years. But education a particularly difficult sector to engage
- **Criminal justice system** - ‘early warning’ opportunities to engage social work and mental health services in assisting vulnerable young people coming before the courts
- **Social work** - disruptive impact of frequent placement moves, and highly variable support offered by individual social workers. Young people desperate to leave care as soon as they turn 16 often quite quickly come to regret this decision, and the door should be left open for them to return

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Criminal justice - the last resort safety net?

- Service users committing offences and/or requesting custodial sentences in order to gain access to a **‘safe place’ in prison** and to ‘care’ of various kinds.
- Service providers **seeking to have vulnerable people arrested** simply in order that they could access the mental health and other services they needed.
- The existence of a court order appeared to be the necessary **‘passport’ for access** not only to an array of health and other support services, but also the main route through which any kind of **coordination of care** occurred for people facing SMD, if it occurred at all.
- **Criminal justice social workers were praised** by some service users as the most consistent and helpful service they had encountered. Frontline service providers, too, generally acknowledged that criminal justice teams provided the **‘stickiest**’ and most **pro-active** support that adults with SMD could expect.
- **But pre- and post-release support for prisoners far from perfect** - with many still being released straight into homelessness

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Homelessness services - ‘carrying the can’

- In the absence of a court order, local authority statutory homelessness services were the next most likely service to ‘lead’ on SMD cases, but this presented a host of **issues.**
  - No command over addictions/ mental health services, nor the necessary authority to coordinate timely multi-sectoral interventions
  - Unlawful practice in some areas: routinely turning people away without the temporary accommodation to which they are entitled, use of ‘local connection’ as a bar to homelessness assistance
  - The highly variable quality of hostels and other forms of temporary and/or supported accommodation
  - Disappointingly “light touch” and short-term nature of floating support offered to some people with SMD

Other Highlights

- Mental health services a ‘gaping hole’ in terms of ability to access
- Substance misuse services ‘in retreat’ altho some good stories
- Specialist DVA services can’t cope with survivors with SMD
- Limited development of trauma-informed services
- Lack of ‘sticky’ and coordinated services
- Need for solutions for rural & small town areas